

**NATIONAL Assessment Centre Services** [part 1 Jan'03] **MAI 9034997**

Date In: 1513/19 18:12	Job description	Date & Time Completed	Done by
Ref No: MAI INC19004790164	SAS e-filing		
Veh No: 53L 94142	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1413/19 17:55	I-Motor Claim Form	MTI 1036204 <sup>001</sup>	18/13/19 09:20
OD: <u>AD</u> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SMG 7673 X	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC Hotline: 6789 6616	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: ( )

Date/Time	Action

MAI 901935

Claimant's Particulars:	Invoice Description Checklist	Am (\$)	Sub (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:	For claiming against INC Only (ver 10 Jan 2003)		
Ref. 2/3:	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc on INC) against INC \$20		
	9) N12: Idan Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	15/03/2019 18:12
Date Of Accident	14/03/2019 17:55
Exact Location Of Accident	ECP TWDS CITY B4 MARINE PARADE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9414Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INFLUX RENTAL PRIVATE LIMITED
Co Reg No	201612612W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81020491

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081091620-02
Cover Note Number	-

### Driver

Name of Driver	OLIVER LIM HERN YE (OLIVER LIN HENGYI)
NRIC No	S7603440J
Date Of Birth	17/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81020491
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 15 JOO SENG RD #09-87
Postcode	360015
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG7673X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	OLIVER LIM HERN YE (OLIVER LIN HENGYI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL9414Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

vehicle A: SJL9414Z  
vehicle B: SMG7673X.

ECF Toward City Before Marine Parade Beach.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A' was travelling along the stated venue. Due to front vehicle slow down, I followed suit. Moment later, vehicle 'B' hit into my vehicle rear portion.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Date of Accident : 16/1/19 Accident Time: 17:55 (24-HR-Format)  
 Accident Place : ECP towards City before Marine Parade Exch.  
 Vehicle No. (Car Plate No.) : 8JL94142 Make/Model: Infiniti  
 Insurance Company : Ngee Policy No: 5081091620-02  
 Owner or Company Name / IC No. : Indlux Rental Private Limited.  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Oliver Lim Heng Ye (Oliver Lin Heng Ye)  
 DRIVER'S Date Of Birth : 17/01/1976 DRIVER'S License Pass Date 21 Jan 2013  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Homer  
 DRIVER'S Address : Blk 15 Joo Seng Rd #09-07 Singapore 360015.  
 DRIVER'S Contact No. / Alt No. : 1) 81020491 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02  
 Was there any video Captured by car camera: YES ☒ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SMG 7673X</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender: Female  
 (unknown)



# SINGAPORE POLICE FORCE



T/20190314/2174

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20190314/2174

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/03/2019 23:02		Vide Report No.:		Station Diary No.: 105	
<b>Informant's Particulars</b>					
Name of Informant: OLIVER LIM HERN YE			Address: APT BLK 15 JOO SENG ROAD #09-87 SINGAPORE 360015		
ID Type / ID No.: NRIC NO / S7603440J			Contact No.: Home/Office: Mobile: 81020491		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 17/01/1976	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY towards City before Marine Parade exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL9414Z	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Blue	Seriously Damaged	1
SMG7673X	Car	TOYOTA	PRIUS PLUS (AUTO)	White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	OLIVER LIM HERN YE		ID No.	S7603440J
Related Vehicle	SJL9414Z (Car)		Contact No.	81020491
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/03/2019		Date Discharge	14/03/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
<b>Driver</b>				
Name	CHEW ENG HENG		ID No.	S8005295B
Related Vehicle	SMG7673X (Car)		Contact No.	98803645
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 14/03/2019 at about 1800hrs, I was driving about 80km/h on the first lane of the three lanes along ECP towards City before Marine Parade exit. Due to the vehicle in front slow down, I also slow down. Moment later, I felt an impact from the rear. A car (registration plate no. SMG7673X) has knocked onto my rear portion. As the traffic starts to build up, I told the driver to move from the place and we stop at one of the HDB carpark in Marine Parade. We then exchange particulars.

Due to the collision, I sustained shoulder and back pain. I then went to Mount Alvernia Hospital to seek medical attention and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20190314/2174

3 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20190314/2174

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt NUR FARHANA BINTE JAKARIA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/03/2019 23:02

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE



4577330



NRIC No. **S7603440J**



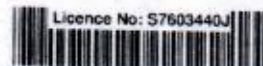
Date of issue  
**04-05-2010**

Address  
**APT BLK 15 JOO SENG ROAD  
#09-B7  
SINGAPORE 360015**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 21 Jan 2013




Licence No: S7603440J

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7603440J**



Name  
**OLIVER LIM HERN YE  
(OLIVER LIN HENGYI)**  
**林 恒 義**

Race  
**CHINESE**

Date of birth  
**17-01-1976**

Sex  
**M**

Country of birth  
**SINGAPORE**

S7603440J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7603440J**

Name:  
**OLIVER LIM HERN YE  
(OLIVER LIN HENGYI)**

Birth Date: **17 Jan 1976**

Issue Date: **06 Apr 2015**



002413043A

SG 50

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5081091620-02

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJL9414Z**  
 Chassis Number : JMYSRCY2A9U000649
2. Name of Policyholder : INFLUX RENTAL PRIVATE LIMITED
3. Effective Date of Insurance : 11 Jun 2018
4. Expiry Date of Insurance : 10 Jun 2019
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

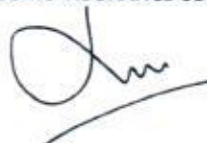
Agency : HOBBS INSURANCE AGENCY (00000572363)  
 Date of Issue : 14 Jun 2018 09:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1036204

Policy No.	5081091620-02	Vehicle No.	SJL9414Z	GST Registration No.	
Certificate No.					
Policyholder Name	INFLUX RENTAL PRIVATE LIMITED			Policyholder NRIC	20161
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81020491	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	18/03/2019 09:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	14/03/2019	Time of Accident hh:mm	17:55	Country of Accident	Singap.
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP TWDS CITY B4 MARINE PARADE EXIT				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
▼ Policyholder Mailing Address					
Address 1	11 WOODLANDS CLOSE	Address 2	#04-25 WOODLANDS 11	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73785
Unit No.	03-651	Related Policy Number	5103679424		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	OLIVER LIM HERN YE (OLIVER L	Driver NRIC	S7603440J	Driver DOB	17/01/
Register Date of Driver License	21/01/2013	Driver Age	43	Driving Experience	6
Contact No.(Mobile)	81020491	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 15 #09-87	Address 2	100 SENG ROAD	Address 3	100 SE
Address 4	SINGAPORE 360015	Address Type	Singapore address	Post Code	36001
Unit No.	09-87				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	INFLUX RENTAL PRIVATE LIMIT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	SJL9414Z
Claim Description	SJL9414Z / SMG7673X ON 14 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered			18/03/2019 09:19
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1036204 Claim No. 001

Last Doc. Received

\* Yes ☐ No ☐

Upload Date

18/03/2019 09:20

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:20	SAS	Normal	SAS 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:20	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:20	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:20	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:19	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:19	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:19	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:19	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 09:19	Photos	Normal	Photos 2019-3-18

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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